

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Paul

J

NICKNAME

LAST

SUFFIX

Escobar

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1030 N. Zaragoza
Suite J

El Paso, Tx 79907

☐ Change of Address

5 CANDIDATE /
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(915) 858-1535

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Paul

J.

NICKNAME

LAST

SUFFIX

Escobar

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1030 N. Zaragoza
Suite J

El Paso, Texas 79907

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(915) 858-1535

9 REPORT TYPE

☐ January 15

☒ 30th day before election

☐ Runoff

☐ 15th day after campaign treasurer appointment (officeholder only)

☐ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☐ Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

Jan / 15 / 2005

THROUGH

April / 6 / 2005

11 ELECTION

ELECTION DATE

Month

Day

Year

May / 07 / 2005

ELECTION TYPE

☐ Primary

☐ Runoff

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Representative Dist 6

City Representative Dist 6

14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission files)

17 NOTICE FROM POLITICAL COMMITTEE(S)

** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 9

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 6,000

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 1,150.00

4. TOTAL POLITICAL EXPENDITURES

\$ 1,369.79

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 11,350.21

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

P. J. Escobar
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said

Paul J. Escobar, this the 7th day

of April, 2005, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

Diana Nuñez
Notary Public

Diana Nuñez
Notary Public

Notary Public
Notary Public

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#)7 Amount of
contribution (\$)8 In-kind contribution
description (if applicable)

12/10/2001

Jobe Pac

6 Contributor address; City; State; Zip Code

#1 McCelligon Canyon Rd
El Paso, TX 799301,000⁰⁰

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)Amount of
contribution (\$)In-kind contribution
description (if applicable)

3/8/2005

Randall J. Bowling

Contributor address; City; State; Zip Code

6553 Calle Vista Dr.
El Paso, TX 79912500⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Businessman

Date

Full name of contributor

☐ out-of-state PAC (ID#)Amount of
contribution (\$)In-kind contribution
description (if applicable)

3/8/2005

Bob Bowling

Contributor address; City; State; Zip Code

P.O. Box 4136
El Paso, TX 79907500⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Builder

Date

Full name of contributor

☐ out-of-state PAC (ID#)Amount of
contribution (\$)In-kind contribution
description (if applicable)

5/8/2005

Gregory Bowling

Contributor address; City; State; Zip Code

7884 Plaza Redona
El Paso, Texas500⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Builder

Date

Full name of contributor

☐ out-of-state PAC (ID#)Amount of
contribution (\$)In-kind contribution
description (if applicable)

1/8/2005

Robert L. Bowling IV

Contributor address; City; State; Zip Code

6705 Pearl Ridge
El Paso, TX 79912

500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Builder

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

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1 Total pages Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#)7 Amount of
contribution (\$)8 In-kind contribution
description (if applicable)

3/9/2005

Carlos Bombach

6 Contributor address; City; State; Zip Code

41 Sun Point Ln
El Paso, TX 799121,000⁰⁰

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Builder

Date

Full name of contributor

☐ out-of-state PAC (ID#)Amount of
contribution (\$)In-kind contribution
description (if applicable)

3/9/2005

Nicolas Bombach

Contributor address; City; State; Zip Code

6397 Calle Azul
El Paso, TX 799121,000⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)Amount of
contribution (\$)In-kind contribution
description (if applicable)

3/15/2005

Lineberger, Goggan, Blair & Sampson

Contributor address; City; State; Zip Code

P.O. Box 17428
Austin, TX 78760500⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Attorneys

Date

Full name of contributor

☐ out-of-state PAC (ID#)Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Paul J. Escobar

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/30/05

5 Payee name

David's Apparel

6 Payee address; City; State; Zip Code

9911 Carnegie
El Paso, TX 799257 Amount
(\$)

\$310.33

8 Purpose of payment (See instructions regarding type of information required.)

T-shirts

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

3/25/05

Payee name

David's Pennants & Banners

Payee address; City; State; Zip Code

9911 Carnegie St.
El Paso, TX 79925Amount
(\$)

676.57

Purpose of payment (See instructions regarding type of information required.)

Political
Signs-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

3/30/05

Payee name

David's Apparel

Payee address; City; State; Zip Code

9911 Carnegie
El Paso, TX 79925Amount
(\$)

147.31

Purpose of payment (See instructions regarding type of information required.)

Political mag
Signs-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

4/5/2005

Payee name

David's Pennants and Banners

Payee address; City; State; Zip Code

9911 Carnegie St.
El Paso, TX 79925Amount
(\$)

141.83

Purpose of payment (See instructions regarding type of information required.)

Political
Signs-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

Paul J. Escobar

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/4/05

5 Payee name

Fortis Mexican Restaurant

6 Payee address; City; State; Zip Code

321 Chelsea

El Paso, TX 79905

7 Amount (\$)

9375

8 Purpose of payment (See instructions regarding type of information required.)

fundraiser

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

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